

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No  
10/568287

FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER	
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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5		2				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	31					
TOTAL CLAIMS	34					

	AS FILED		AFTER		AFTER	
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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